

Fill in this information to identify your case:

United States Bankruptcy Court for the:

**District of Minnesota**

Case number (If known): \_\_\_\_\_ Chapter you are filing under:

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

☐ Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

#### About Debtor 1:

**Jessica**

First name

**Diane**

Middle name

**Patrick**

Last name

Suffix (Sr., Jr, II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name

Suffix (Sr., Jr, II, III)

#### 2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

#### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 6 6 0 0

OR

9xx - xx - \_\_\_\_\_

xxx - xx - \_\_\_\_\_

OR

9xx - xx - \_\_\_\_\_

Debtor 1

**Jessica**

**Diane**

**Patrick**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Your Employer Identification Number (EIN), if any.**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
EIN

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
EIN

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
EIN

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
EIN

**5. Where you live**

**24740 28th Ave N**

Number Street

Number Street

**Hawley, MN 56549-9051**

City State ZIP Code

City State ZIP Code

**Clay**

County

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

Number Street

P.O. Box

P.O. Box

City State ZIP Code

City State ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check one:*

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2:** Tell the Court About Your Bankruptcy Case

**7. The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

**8. How you will pay the fee**

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

- ☒ No.
- ☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- ☒ No.
- ☐ Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY
- Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY

**11. Do you rent your residence?**

- ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1	<b>Jessica</b>	<b>Diane</b>	<b>Patrick</b>	Case number (if known) _____
	First Name	Middle Name	Last Name	

**Part 3:** Report About Any Businesses You Own as a Sole Proprietor

**12. Are you a sole proprietor of any full- or part-time business?**

- ☒ No. Go to Part 4.  
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

\_\_\_\_\_  
 Name of business, if any

\_\_\_\_\_  
 Number Street

\_\_\_\_\_  
 City State ZIP Code

*Check the appropriate box to describe your business:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor*?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

- ☒ No. I am not filing under Chapter 11.  
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.  
☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1

**Jessica**

**Diane**

**Patrick**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 4:** Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*



No.



Yes. What is the hazard?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If immediate attention is needed, why is it needed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where is the property?

Number Street

\_\_\_\_\_

City

State

ZIP Code

Debtor 1	<b>Jessica</b>	<b>Diane</b>	<b>Patrick</b>	Case number (if known) _____
	First Name	Middle Name	Last Name	

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 6:** Answer These Questions for Reporting Purposes

**16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.

**16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.

**16c.** State the type of debts you owe that are not consumer debts or business debts.

**17. Are you filing under Chapter 7?**

☐ No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
☒ No  
☐ Yes

**18. How many creditors do you estimate that you owe?**

- ☐ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000  
☒ 50-99 ☐ 5,001-10,000  
☐ 100-199 ☐ 10,001-25,000  
☐ 200-999

**19. How much do you estimate your assets to be worth?**

- ☒ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion  
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion  
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion  
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

**20. How much do you estimate your liabilities to be?**

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion  
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion  
☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion  
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

**Part 7:** Sign Below

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** s/ Jessica Diane Patrick

Jessica Diane Patrick, Debtor 1

Executed on 04/02/2025

MM/ DD/ YYYY

Debtor 1

**Jessica**

First Name

**Diane**

Middle Name

**Patrick**

Last Name

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X**

**s/ Andrew Walker**

Signature of Attorney for Debtor

Date **04/02/2025**

MM / DD / YYYY

**Andrew Walker**

Printed name

**Walker & Walker Law Offices, PLLC**

Firm name

**4356 Nicollet Ave**

Number Street

**Minneapolis**

City

**MN**

State

**55409**

ZIP Code

Contact phone **(612) 824-4357**

Email address **andrew@bankruptcytruth.com**

**0392525**

Bar number

**MN**

State



Fill in this information to identify your case and this filing:

Debtor 1	<u>Jessica</u>	<u>Diane</u>	<u>Patrick</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of	<u>Minnesota</u>		
Case number			

☐ Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.  
☐ Yes. Where is the property?

1.1

Street address, if available, or other description  
  
  
City State ZIP Code  
  
County

What is the property? Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here



\$0.00

#### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No  
☒ Yes

Debtor **Patrick, Jessica Diane**

Case number (if known) \_\_\_\_\_

3.1 Make: Hyundai Who has an interest in the property? Check one.

Model: Santa Fe

Year: 2015

Approximate mileage: 54000

Other information:

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$9,311.00

Current value of the portion you own?

\$9,311.00

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No

☐ Yes

4.1 Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here .....



\$9,311.00

**Part 3:** Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**

*Examples:* Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe. ....

Typical household goods and furnishing, with no one item over \$650.

\$1,000.00

7. **Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe. ....

4 TVs  
iPhone 14 / still making payments  
1 Laptop

\$850.00

Debtor **Patrick, Jessica Diane**

Case number (if known) \_\_\_\_\_

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe. ....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe. ....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe. ....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe. ....

Normal wearing apparel

\$700.00

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe. ....

Wedding Ring

\$2,000.00

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☐ No

☒ Yes. Describe. ....

3 cats, 1 dog

\$4.00

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information. ....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**



\$4,554.00

**Part 4:** Describe Your Financial Assets

Debtor **Patrick, Jessica Diane**

Case number (if known) \_\_\_\_\_

Do you own or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.												
<b>16. Cash</b> <i>Examples:</i> Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes ..... Cash: ..... <span style="float: right;"><u><b>\$60.00</b></u></span>													
<b>17. Deposits of money</b> <i>Examples:</i> Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes ..... Institution name: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 35%;">17.1. Checking account:</td> <td style="width: 40%;"><u><b>BMO</b></u></td> <td style="width: 25%; text-align: right;"><u><b>\$0.00</b></u></td> </tr> <tr> <td>17.2. Checking account:</td> <td><u><b>US Bank</b></u></td> <td style="text-align: right;"><u><b>\$400.00</b></u></td> </tr> <tr> <td>17.3. Other financial account:</td> <td><u><b>CashApp</b></u></td> <td style="text-align: right;"><u><b>\$75.00</b></u></td> </tr> <tr> <td>17.4. Other financial account:</td> <td><u><b>Direct express Comerica bank - Relia Card</b></u></td> <td style="text-align: right;"><u><b>\$250.00</b></u></td> </tr> </table>		17.1. Checking account:	<u><b>BMO</b></u>	<u><b>\$0.00</b></u>	17.2. Checking account:	<u><b>US Bank</b></u>	<u><b>\$400.00</b></u>	17.3. Other financial account:	<u><b>CashApp</b></u>	<u><b>\$75.00</b></u>	17.4. Other financial account:	<u><b>Direct express Comerica bank - Relia Card</b></u>	<u><b>\$250.00</b></u>
17.1. Checking account:	<u><b>BMO</b></u>	<u><b>\$0.00</b></u>											
17.2. Checking account:	<u><b>US Bank</b></u>	<u><b>\$400.00</b></u>											
17.3. Other financial account:	<u><b>CashApp</b></u>	<u><b>\$75.00</b></u>											
17.4. Other financial account:	<u><b>Direct express Comerica bank - Relia Card</b></u>	<u><b>\$250.00</b></u>											
<b>18. Bonds, mutual funds, or publicly traded stocks</b> <i>Examples:</i> Bond funds, investment accounts with brokerage firms, money market accounts <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ..... Institution or issuer name: <table style="width: 100%; margin-top: 10px;"> <tr><td style="border-bottom: 1px solid black; width: 75%;"></td><td style="border-bottom: 1px solid black; width: 25%;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> </table>													
<b>19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information about them..... <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Name of entity:</td> <td style="width: 20%;">% of ownership:</td> <td style="width: 20%;"></td> </tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> <tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td></tr> </table>		Name of entity:	% of ownership:										
Name of entity:	% of ownership:												

Debtor **Patrick, Jessica Diane**

Case number (if known) \_\_\_\_\_

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific  
information about  
them.....

Issuer name:

_____	_____
_____	_____
_____	_____

21. **Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each  
account separately.

Type of account:

Institution name:

401(k) or similar plan:

Pension plan:

IRA:

Retirement account:

Keogh:

Additional account:

Additional account:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes .....

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Debtor **Patrick, Jessica Diane**

Case number (if known) \_\_\_\_\_

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes ..... Issuer name and description:

_____	_____
_____	_____
_____	_____

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	_____
_____	_____
_____	_____

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them. ...

_____
-------

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them. ...

_____
-------

27. **Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them. ...

_____
-------

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

☐ No

☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

**Prorated 2025 Federal and MN state tax refunds - No tax refunds since debtor only income is MN Family Income Assistance and Social Security from son**

Federal:

State:

Local:

**\$0.00**

Debtor **Patrick, Jessica Diane**

Case number (if known) \_\_\_\_\_

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information. ....

Alimony: \_\_\_\_\_  
 Maintenance: \_\_\_\_\_  
 Support: \_\_\_\_\_  
 Divorce settlement: \_\_\_\_\_  
 Property settlement: \_\_\_\_\_

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information. ....

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information. ....

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim. ....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim. ....

Debtor **Patrick, Jessica Diane**

Case number (if known) \_\_\_\_\_

35. **Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information. ....

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** .....



**\$785.00**

**Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

38. **Accounts receivable or commissions you already earned**

☒ No

☐ Yes. Describe. ....

39. **Office equipment, furnishings, and supplies**

*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No

☐ Yes. Describe. ....

40. **Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

☒ No

☐ Yes. Describe. ....

41. **Inventory**

☒ No

☐ Yes. Describe. ....

42. **Interests in partnerships or joint ventures**

☒ No

☐ Yes. Describe .....

Name of entity:

% of ownership:



Debtor **Patrick, Jessica Diane**

Case number (if known) \_\_\_\_\_

**43. Customer lists, mailing lists, or other compilations**

☒ No

☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe. ....

**44. Any business-related property you did not already list**

☒ No

☐ Yes. Give specific information .....


**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here .....**



**\$0.00**

**Part 6:**

**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.**

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**47. Farm animals**

*Examples:* Livestock, poultry, farm-raised fish

☒ No

☐ Yes .....

**48. Crops—either growing or harvested**

☒ No

☐ Yes. Give specific information. ....

Debtor **Patrick, Jessica Diane**

Case number (if known) \_\_\_\_\_

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

☒ No

☐ Yes .....

50. **Farm and fishing supplies, chemicals, and feed**

☒ No

☐ Yes .....

51. **Any farm- and commercial fishing-related property you did not already list**

☒ No

☐ Yes. Give specific information. ....

52. **Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** .....



**\$0.00**

**Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above

53. **Do you have other property of any kind you did not already list?**

*Examples: Season tickets, country club membership*

☒ No

☐ Yes. Give specific information. ....

54. **Add the dollar value of all of your entries from Part 7. Write that number here** .....



**\$0.00**

**Part 8:** List the Totals of Each Part of this Form

55. **Part 1: Total real estate, line 2** .....



**\$0.00**

56. **Part 2: Total vehicles, line 5**

**\$9,311.00**

57. **Part 3: Total personal and household items, line 15**

**\$4,554.00**

58. **Part 4: Total financial assets, line 36**

**\$785.00**

59. **Part 5: Total business-related property, line 45**

**\$0.00**

60. **Part 6: Total farm- and fishing-related property, line 52**

**\$0.00**

61. **Part 7: Total other property not listed, line 54**

+

**\$0.00**

62. **Total personal property. Add lines 56 through 61.** .....

**\$14,650.00**

Copy personal property total →

+

**\$14,650.00**

Debtor Patrick, Jessica Diane

Case number (if known) \_\_\_\_\_

63. **Total of all property on Schedule A/B.** Add line 55 + line 62. ....

**\$14,650.00**

Fill in this information to identify your case:

Debtor 1	<u>Jessica</u>	<u>Diane</u>	<u>Patrick</u>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of	<u>Minnesota</u>		
Case number			
(if known)			

☐ Check if this is an amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

## Part 1: Identify the Property You Claim as Exempt

## 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property		Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
		Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>		
Brief description:	<b>2015 Hyundai Santa Fe</b>	<b>\$9,311.00</b>	<input checked="" type="checkbox"/>	<b>\$5,025.00</b>	<b>11 U.S.C. § 522(d)(2)</b>
			<input type="checkbox"/>	100% of fair market value, up to any applicable statutory limit	
Line from <i>Schedule A/B</i> :	<b>3.1</b>		<input checked="" type="checkbox"/>	<b>\$4,286.00</b>	<b>11 U.S.C. § 522(d)(5)</b>
			<input type="checkbox"/>	100% of fair market value, up to any applicable statutory limit	

## 3. Are you claiming a homestead exemption of more than \$214,000?

(Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1

**Jessica****Diane****Patrick**

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2:** Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
Brief description:	<b>Typical household goods and furnishing, with no one item over \$650.</b>	<b>\$1,000.00</b>	<input checked="" type="checkbox"/> <b>\$1,000.00</b>	<b>11 U.S.C. § 522(d)(3)</b>
Line from Schedule A/B:	<b>6</b>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	<b>4 TVs iPhone 14 / still making payments 1 Laptop</b>	<b>\$850.00</b>	<input checked="" type="checkbox"/> <b>\$850.00</b>	<b>11 U.S.C. § 522(d)(3)</b>
Line from Schedule A/B:	<b>7</b>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	<b>Normal wearing apparel</b>	<b>\$700.00</b>	<input checked="" type="checkbox"/> <b>\$700.00</b>	<b>11 U.S.C. § 522(d)(3)</b>
Line from Schedule A/B:	<b>11</b>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	<b>Wedding Ring</b>	<b>\$2,000.00</b>	<input checked="" type="checkbox"/> <b>\$2,000.00</b>	<b>11 U.S.C. § 522(d)(4)</b>
Line from Schedule A/B:	<b>12</b>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	<b>3 cats, 1 dog</b>	<b>\$4.00</b>	<input checked="" type="checkbox"/> <b>\$4.00</b>	<b>11 U.S.C. § 522(d)(5)</b>
Line from Schedule A/B:	<b>13</b>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	<b>Cash on hand day of filing</b>	<b>\$60.00</b>	<input checked="" type="checkbox"/> <b>\$60.00</b>	<b>11 U.S.C. § 522(d)(5)</b>
Line from Schedule A/B:	<b>16</b>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	<b>US Bank Checking account</b>	<b>\$400.00</b>	<input checked="" type="checkbox"/> <b>\$400.00</b>	<b>11 U.S.C. § 522(d)(5)</b>
Line from Schedule A/B:	<b>17</b>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Debtor 1

**Jessica****Diane****Patrick**

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2:** Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: <b>CashApp</b> <u>Other financial account</u>	<u>\$75.00</u>	<input checked="" type="checkbox"/> <u>\$75.00</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from <i>Schedule A/B</i> : <u>17</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <b>BMO</b> <u>Checking account</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from <i>Schedule A/B</i> : <u>17</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <b>Direct express</b> <b>Comerica bank -</b> <b>Relia Card</b> <u>Other financial account</u>	<u>\$250.00</u>	<input checked="" type="checkbox"/> <u>\$250.00</u>	<u>42 U.S.C. § 407</u>
Line from <i>Schedule A/B</i> : <u>17</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <b>Prorated 2025</b> <b>Federal and MN</b> <b>state tax refunds -</b> <b>No tax refunds</b> <b>since debtor only</b> <b>income is MN</b> <b>Family Income</b> <b>Assistance and</b> <b>Social Security</b> <b>from son</b> <u>Federal tax</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from <i>Schedule A/B</i> : <u>28</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:

Debtor 1	<u><b>Jessica</b></u>	<u><b>Diane</b></u>	<u><b>Patrick</b></u>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of	<u><b>Minnesota</b></u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify your case:

Debtor 1	<b>Jessica</b>	<b>Diane</b>	<b>Patrick</b>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of	<b>Minnesota</b>		
Case number			
(if known)			

☐ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.  
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
<b>2.1</b> <b>MINNESOTA DEPARTMENT OF REVENUE</b> Priority Creditor's Name <b>551 BKCX SECTION</b> <b>PO BOX 64447</b> Number Street <b>SAINT PAUL, MN 55164-0447</b> City State ZIP Code	<b>\$2,500.00</b>	<b>\$2,500.00</b>	<b>\$0.00</b>
Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			



Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2:** List All of Your NONPRIORITY Unsecured Claims

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
<b>4.1</b>	<b>AAA COLLECTIONS MIDWEST, INC</b> Nonpriority Creditor's Name <b>PO BOX 881, 3500 SOUTH FIRST AVE SUITE 100</b> Number Street <b>SIoux FALLS, SD 57101-0881</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<b>\$2,700.00</b>
<b>4.2</b>	<b>AALAND LAW FIRM, LTD</b> Nonpriority Creditor's Name <b>415 11TH ST S</b> Number Street <b>FARGO, ND 58103-1739</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<b>\$3,000.00</b>

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

4.3	<b>ADS/COMENITY/OVERSTOCK</b> Nonpriority Creditor's Name <b>PO BOX 183003</b> Number Street  <b>COLUMBUS, OH 43218-3003</b> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$895.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>			

4.4	<b>AFFIRM</b> Nonpriority Creditor's Name <b>633 FOLSOM ST FL 7</b> Number Street  <b>SAN FRANCISCO, CA 94107-3618</b> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$500.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>			

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
<b>4.5</b>	<b>AFTERPAY</b> Nonpriority Creditor's Name <u>219 N 2ND ST SUITE 106</u> Number Street <u>MINNEAPOLIS, MN 55401</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<b>\$108.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.6</b>	<b>ALLY BANK</b> Nonpriority Creditor's Name <u>PO BOX 9001951</u> Number Street <u>LOUISVILLE, KY 40290-1951</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<b>\$2,000.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

	After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.	Total claim
4.7	<p><b>AMAZON</b> Last 4 digits of account number _____ <span style="float: right;"><b>\$1,000.00</b></span></p> <p>Nonpriority Creditor's Name _____</p> <p><b>1260 MERCER ST</b> When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p><b>SEATTLE, WA 98109</b></p> <p>City _____ State _____ ZIP Code _____</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u></p>	
4.8	<p><b>AMAZON/SYNCHRONY BANK</b> Last 4 digits of account number _____ <span style="float: right;"><b>\$3,598.00</b></span></p> <p>Nonpriority Creditor's Name _____</p> <p><b>ATTN BANKRUPTCY DEPT</b> When was the debt incurred? _____</p> <p><b>PO BOX 71724</b></p> <p>Number _____ Street _____</p> <p><b>PHILADELPHIA, PA 19176-1724</b></p> <p>City _____ State _____ ZIP Code _____</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u></p>	

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.9	<b>AMERICAN EXPRESS</b> Nonpriority Creditor's Name <b>GENERAL INQUIRIES</b> <b>PO BOX 981535</b> Number Street <b>EL PASO, TX 79998-1535</b> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<b>\$3,995.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

4.10	<b>APPLE CARD - GS BANK USA</b> Nonpriority Creditor's Name <b>LOCKBOX 6112</b> <b>PO BOX 7247</b> Number Street <b>PHILADELPHIA, PA 19170-0001</b> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<b>\$1,800.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

**Jessica****Diane****Patrick**

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<b>4.11</b>	<b>BELL BANK</b>	Last 4 digits of account number _____	<b>\$500.00</b>
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Nonpriority Creditor's Name

**PO BOX 11277**

Number

Street

When was the debt incurred? \_\_\_\_\_

**FARGO, ND 58106**

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No☐ Yes

<b>4.12</b>	<b>BEST BUY/CITIBANK</b>	Last 4 digits of account number _____	<b>\$1,031.00</b>
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Nonpriority Creditor's Name

**PO BOX 790441**

Number

Street

When was the debt incurred? \_\_\_\_\_

**SAINT LOUIS, MO 63179-0441**

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.13** BUYBUY BABY Last 4 digits of account number \_\_\_\_\_ **\$600.00**

Nonpriority Creditor's Name

9160 HUDSON RD

Number Street

WOODBURY, MN 55125-7001

City State ZIP Code

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.14** CASHAPP Last 4 digits of account number \_\_\_\_\_ **\$108.00**

Nonpriority Creditor's Name

ATTN: BANKRUPTCY

1955 BROADWAY APT 600

Number Street

OAKLAND, CA 94612

City State ZIP Code

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.15** **CENTRAL PORTFOLIO CONTROL** Last 4 digits of account number \_\_\_\_\_ **\$4,300.00**

Nonpriority Creditor's Name

**10249 YELLOW CIRCLE DR STE 200**

Number Street

**MINNETONKA, MN 55343-9111**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

**4.16** **CLIENT SERVICES INC** Last 4 digits of account number \_\_\_\_\_ **\$3,600.00**

Nonpriority Creditor's Name

**3451 HARRY S TRUMAN BLVD**

Number Street

**SAINT CHARLES, MO 63301-4047**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt



Debtor 1

Jessica

Diane

Patrick

Case number (if known)

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.17** **COLLECTION SPECIALISTS INTERNATIONAL, INC** Last 4 digits of account number            **\$400.00**

Nonpriority Creditor's Name

**26 ROBERTS ST N**

Number Street

**FARGO, ND 58102-5200**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

When was the debt incurred?                                 

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Collection Agency

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.18** **COMENITY BANK** Last 4 digits of account number            **\$500.00**

Nonpriority Creditor's Name

**BANKRUPTCY CORRESPONDENCE**

**PO BOX 182125**

Number Street

**COLUMBUS, OH 43218-2125**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

When was the debt incurred?                                 

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1

**Jessica**

**Diane**

**Patrick**

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.19** **COMENITY/SEPHORA** Last 4 digits of account number \_\_\_\_\_ **\$3,500.00**

Nonpriority Creditor's Name

When was the debt incurred? \_\_\_\_\_

**PO BOX 182120**

Number

Street

As of the date you file, the claim is: Check all that apply.

**COLUMBUS, OH 43218**

City

State

ZIP Code

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No

☐ Yes

**4.20** **COMENITY/VICTORIA SECRET** Last 4 digits of account number \_\_\_\_\_ **\$810.00**

Nonpriority Creditor's Name

When was the debt incurred? \_\_\_\_\_

**PO BOX 182789**

Number

Street

As of the date you file, the claim is: Check all that apply.

**COLUMBUS, OH 43218-2273**

City

State

ZIP Code

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
<b>4.21</b>	<b>DISCOVER BANK</b> <hr/> Nonpriority Creditor's Name <b>PO BOX BO 15316</b> <hr/> Number                  Street  <hr/> <b>WILMINGTON, DE 19850</b> <hr/> City                          State                          ZIP Code	Last 4 digits of account number    _____  When was the debt incurred?        _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<b>\$6,739.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.22</b>	<b>EDFINANCIAL SERVICES</b> <hr/> Nonpriority Creditor's Name <b>120 N SEVEN OAKS DR</b> <hr/> Number                  Street  <hr/> <b>KNOXVILLE, TN 37922-2359</b> <hr/> City                          State                          ZIP Code	Last 4 digits of account number    _____  When was the debt incurred?        _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<b>\$30,971.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.23** **FB&T MERCURY FINANCIAL** Last 4 digits of account number \_\_\_\_\_ **\$2,000.00**

Nonpriority Creditor's Name

**PO BOX 84064**

Number Street

**COLUMBUS, GA**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Collection Agency

**4.24** **FIRST SOURCE ADVANTAGE LLC** Last 4 digits of account number \_\_\_\_\_ **\$1,400.00**

Nonpriority Creditor's Name

**ATTN: BANKRUPTCY**

**205 BRYANT WOODS SOUTH**

Number Street

**AMHERST, NY 14228**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.25 F-M AMBULANCE SERVICE** Last 4 digits of account number \_\_\_\_\_ **\$2,000.00**

Nonpriority Creditor's Name

2215 18TH ST S

Number Street

FARGO, ND 58103-5105

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

**4.26 GS BANK USA** Last 4 digits of account number \_\_\_\_\_ **\$2,368.00**

Nonpriority Creditor's Name

PO BOX 7247

Number Street

PHILADELPHIA, PA 19170

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.27 HALSTED FINANCIAL SERVICES** Last 4 digits of account number \_\_\_\_\_ **\$800.00**

Nonpriority Creditor's Name

**8001 LINCOLN AVE SUITE 500**

Number Street

**SKOKIE, IL 60077**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.28 IC SYSTEM** Last 4 digits of account number \_\_\_\_\_ **\$169.00**

Nonpriority Creditor's Name

**PO BOX 64378**

Number Street

**SAINT PAUL, MN 55164-0378**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.29** JANUARY Last 4 digits of account number \_\_\_\_\_ **\$2,000.00**

Nonpriority Creditor's Name

176 GRAND ST # 4 FL NEW

Number Street

NEW YORK, NY 10013-3786

City State ZIP Code

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Consumer Debt

Is the claim subject to offset?

☒ No

☐ Yes

**4.30** JEFFCAPSYS Last 4 digits of account number \_\_\_\_\_ **\$3,864.00**

Nonpriority Creditor's Name

ATTN: BANKRUPTCY DEPARTMENT

420 MONTGOMERY ST

Number Street

SAN FRANCISCO, CA 94104-1207

City State ZIP Code

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Consumer Debt

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.31** KLARNA Last 4 digits of account number \_\_\_\_\_ **\$300.00**

Nonpriority Creditor's Name

629 N HIGH ST FL 300

Number Street

COLUMBUS, OH 43215-2929

City State ZIP Code

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.32** KOHL'S/CAPITAL ONE Last 4 digits of account number \_\_\_\_\_ **\$473.00**

Nonpriority Creditor's Name

ATTN: PAYMENT CENTER

PO BOX 1456

Number Street

CHARLOTTE, NC 28201

City State ZIP Code

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes



Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
<b>4.33</b>	<b>LVNV FUNDING</b> <hr/> Nonpriority Creditor's Name <b>PO BOX 10497</b> <hr/> Number Street <hr/> <b>GREENVILLE, SC 29603</b> <hr/> City State ZIP Code	Last 4 digits of account number _____  When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	<b><u>\$1,386.00</u></b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.34</b>	<b>MERCURY</b> <hr/> Nonpriority Creditor's Name <b>CARD SERVICES</b> <hr/> <b>PO BOX 84064</b> <hr/> Number Street <hr/> <b>COLUMBUS, GA 31908-4064</b> <hr/> City State ZIP Code	Last 4 digits of account number _____  When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<b><u>\$1,098.00</u></b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.35 **MESSERLI & KRAMER** Last 4 digits of account number \_\_\_\_\_ **\$6,800.00**

Nonpriority Creditor's Name

**3033 CAMPUS DRIVE SUITE 250**

Number Street

**PLYMOUTH, MN 55441**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

4.36 **MIDLAND CREDIT MANAGEMENT** Last 4 digits of account number \_\_\_\_\_ **\$851.00**

Nonpriority Creditor's Name

**350 CAMINO DE LA REINA SUITE 100**

Number Street

**SAN DIEGO, CA 92108**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

Debtor 1

**Jessica**

**Diane**

**Patrick**

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.37** **MOORHEAD CITY PUBLIC SERVICES DEPARTMENT** Last 4 digits of account number \_\_\_\_\_ **\$2,500.00**

Nonpriority Creditor's Name

**500 CENTER AVE**

Number

Street

**MOORHEAD, MN 56560**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Utilities

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.38** **MRS BPO LLC** Last 4 digits of account number \_\_\_\_\_ **\$6,000.00**

Nonpriority Creditor's Name

**1930 OLNEY AVE**

Number

Street

**CHERRY HILL, NJ 08003-2016**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.39** NATIONAL RECOVERY AGENCY Last 4 digits of account number \_\_\_\_\_ **\$900.00**

Nonpriority Creditor's Name

2491 PAXTON ST

Number Street

HARRISBURG, PA 17111-1036

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.40** OMEGA RMS LLC Last 4 digits of account number \_\_\_\_\_ **\$600.00**

Nonpriority Creditor's Name

PO BOX 12027 302

Number Street

PARKVILLE, MO 64152-0027

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.41** PAYPAL Last 4 digits of account number \_\_\_\_\_ **\$500.00**

Nonpriority Creditor's Name

PO BOX 960080

Number Street

ORLANDO, FL 32896

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

**4.42** PORTFOLIO RECOVERY Last 4 digits of account number \_\_\_\_\_ **\$3,267.00**

Nonpriority Creditor's Name

120 CORPORATE BLVD STE 100

Number Street

NORFOLK, VA 23502-4952

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Collection Agency

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.43 POSHMARK** Last 4 digits of account number \_\_\_\_\_ **\$700.00**

Nonpriority Creditor's Name

**203 REDWOOD SHORES PKWY**

Number Street

**REDWOOD CITY, CA 94065-1198**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

**4.44 QUALIA COLLECTION SERVICES (QCS)** Last 4 digits of account number \_\_\_\_\_ **\$1,000.00**

Nonpriority Creditor's Name

**1444 N MCDOWELL BLVD**

Number Street

**PETALUMA, CA 94954-6515**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
<b>4.45</b>	<b>RADIUS GLOBAL SOLUTIONS LLC</b> Nonpriority Creditor's Name <b>7831 GLENROY RD STE 200</b> Number Street  <b>MINNEAPOLIS, MN 55439</b> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	<b>\$1,600.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.46</b>	<b>RESURGENT CAPITAL SERVICES</b> Nonpriority Creditor's Name <b>355 S MAIN STREET</b> Number Street  <b>GREENVILLE, SC 29603-0497</b> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<b>\$1,400.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
<b>4.47</b>	<b>ROCK RUDE</b> Nonpriority Creditor's Name <u>24792 28TH AVE N</u> Number Street <u>HAWLEY, MN 56549-9051</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Attorney's Fees</u>	<b>\$1,647.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.48</b>	<b>SAMS CLUB/SYNCHRONY BANK</b> Nonpriority Creditor's Name <u>ATTN: BANKRUPTCY DEPT</u> <u>PO BOX 965060</u> Number Street <u>ORLANDO, FL 32896-5060</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<b>\$1,373.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			



Debtor 1

**Jessica**

**Diane**

**Patrick**

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.49** **SANFORD HEALTH** Last 4 digits of account number \_\_\_\_\_ **\$7,200.00**

Nonpriority Creditor's Name

**PO BOX 5074**

Number

Street

When was the debt incurred? \_\_\_\_\_

**SIOUX FALLS, SD 57117-5074**

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

**4.50** **SANFORD HOSPITAL** Last 4 digits of account number \_\_\_\_\_ **\$700.00**

Nonpriority Creditor's Name

**1305 W. 18TH ST.**

Number

Street

When was the debt incurred? \_\_\_\_\_

**SIOUX FALLS, SD 57105**

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.51** **SECURITY CREDIT SERVICES** Last 4 digits of account number \_\_\_\_\_ **\$4,251.00**

Nonpriority Creditor's Name

**2623 WEST OXFORD LOOP STE 108**

Number Street

**OXFORD, MS 38655-5442**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

**4.52** **SEQUIM** Last 4 digits of account number \_\_\_\_\_ **\$350.00**

Nonpriority Creditor's Name

**1130 NORTHCHASE PKWY SE STE 150**

Number Street

**MARIETTA, GA 30067-6429**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Consumer Debt

Debtor 1

**Jessica**

**Diane**

**Patrick**

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.53 SHWEIGERT, KLEMIN & MCBRIDE** Last 4 digits of account number \_\_\_\_\_ **\$3,500.00**

Nonpriority Creditor's Name

When was the debt incurred? \_\_\_\_\_

**116 N 2ND ST**

Number

Street

As of the date you file, the claim is: Check all that apply.

**BISMARCK, ND 58501-3817**

City

State

ZIP Code

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No

☐ Yes

**4.54 STATE COLLECTION SERVICE** Last 4 digits of account number \_\_\_\_\_ **\$700.00**

Nonpriority Creditor's Name

When was the debt incurred? \_\_\_\_\_

**2509 S STOUGHTON RD**

Number

Street

As of the date you file, the claim is: Check all that apply.

**MADISON, WI 53716**

City

State

ZIP Code

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim
<b>4.55</b>	<b>SYNCB/ZULILY</b> <hr/> Nonpriority Creditor's Name <b>PO BOX BOX 965017</b> <hr/> Number Street <hr/> <b>ORLANDO, FL 32896-0001</b> <hr/> City State ZIP Code	Last 4 digits of account number _____  When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<b>\$1,600.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.56</b>	<b>SYNCHRONY BANK</b> <hr/> Nonpriority Creditor's Name <b>PO BOX 965061</b> <hr/> Number Street <hr/> <b>ORLANDO, FL 32896-5061</b> <hr/> City State ZIP Code	Last 4 digits of account number _____  When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	<b>\$1,723.00</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

**Jessica**

**Diane**

**Patrick**

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.57** **SYNERGETIC COMMUNICATION, INC** Last 4 digits of account number \_\_\_\_\_ **\$9,200.00**

Nonpriority Creditor's Name

**5450 NW CENTRAL #220**

Number

Street

When was the debt incurred? \_\_\_\_\_

**HOUSTON, TX 77092-2016**

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No

☐ Yes

**4.58** **TARGET/TD BANK, USA, N.A.** Last 4 digits of account number \_\_\_\_\_ **\$1,475.00**

Nonpriority Creditor's Name

**ATTN: TARGET CARD SERVICES**

**PO BOX 1331**

Number

Street

When was the debt incurred? \_\_\_\_\_

**MINNEAPOLIS, MN 55440-1331**

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

	After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.		Total claim
<b>4.59</b>	<b>TDRC/SAMS</b> <hr/> Nonpriority Creditor's Name <b>PO BOX 100270</b> <hr/> Number Street <hr/> <b>COLUMBIA, SC 29202</b> <hr/> City State ZIP Code  <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<b>\$1,068.00</b>
<b>4.60</b>	<b>TOYOTA FINANCIAL SERVICES</b> <hr/> Nonpriority Creditor's Name <b>ATTN: BANKRUPTCY DEPT</b> <hr/> <b>PO BOX 8026</b> <hr/> Number Street <hr/> <b>CEDAR RAPIDS, IA 52408-8026</b> <hr/> City State ZIP Code  <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____  <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	<b>\$10,900.00</b>

Debtor 1

**Jessica**

**Diane**

**Patrick**

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.61 UNIFIN** Last 4 digits of account number \_\_\_\_\_ **\$4,000.00**

Nonpriority Creditor's Name

**PO BOX 4519 # 2000**

Number

Street

When was the debt incurred? \_\_\_\_\_

**SKOKIE, IL 60076-4519**

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No

☐ Yes

**4.62 UNITED ACCOUNTS INC** Last 4 digits of account number \_\_\_\_\_ **\$1,835.00**

Nonpriority Creditor's Name

**COLLECTIONS**

**PO BOX 9331**

Number

Street

When was the debt incurred? \_\_\_\_\_

**FARGO, ND 58106-9331**

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Agency**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

**Jessica**

**Diane**

**Patrick**

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.63 WALKER & WALKER LAW OFFICES PLLC** Last 4 digits of account number \_\_\_\_\_ **\$1,647.00**

Nonpriority Creditor's Name

**4356 NICOLLET AVE S**

Number

Street

When was the debt incurred? \_\_\_\_\_

**MINNEAPOLIS, MN 55409**

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Attorney's Fees**

Is the claim subject to offset?

☒ No

☐ Yes

**4.64 WELLS FARGO** Last 4 digits of account number \_\_\_\_\_ **\$3,000.00**

Nonpriority Creditor's Name

**ATTN: BANKRUPTCY DEPARTMENT**

**420 MONTGOMERY ST**

Number

Street

When was the debt incurred? \_\_\_\_\_

**SAN FRANCISCO, CA 94104-1207**

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No

☐ Yes



Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.65	<b>XCEL ENERGY</b> Nonpriority Creditor's Name <b>ATTN: CORRESPONDENCE TEAM</b> <b>PO BOX 8</b> Number Street <b>EAU CLAIRE, WI 54702</b> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$600.00</b>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

**Jessica**

**Diane**

**Patrick**

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a. <u>\$0.00</u>
	6b.	Taxes and certain other debts you owe the government	6b. <u>\$2,500.00</u>
	6c.	Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e.	Total. Add lines 6a through 6d.	6e. <u>\$2,500.00</u>

			Total claim
Total claims from Part 2	6f.	Student loans	6f. <u>\$0.00</u>
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$173,400.00</u>
	6j.	Total. Add lines 6f through 6i.	6j. <u>\$173,400.00</u>

Fill in this information to identify your case:

Debtor 1	<b>Jessica</b>	<b>Diane</b>	<b>Patrick</b>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of	<b>Minnesota</b>		
Case number			
(if known)			

☐ Check if this is an amended filing

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

## 1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

## 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<b>Rock Rude</b> Name <b>24792 28th Ave N</b> Number Street <b>Hawley, MN 56549-9051</b> City State ZIP Code	Residential Lease
2.2	Name Number Street City State ZIP Code	
2.3	Name Number Street City State ZIP Code	
2.4	Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1 Jessica Diane Patrick  
 First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Minnesota

Case number \_\_\_\_\_  
 (if known)

☐ Check if this is an amended filing

## Official Form 106H

# Schedule H: Your Codebtors

12/15

**Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.**

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No  
☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? \_\_\_\_\_. Fill in the name and current address of that person.

\_\_\_\_\_  
 Name of your spouse, former spouse, or legal equivalent

\_\_\_\_\_  
 Number Street

\_\_\_\_\_  
 City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Number Street

\_\_\_\_\_  
 City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.2

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Number Street

\_\_\_\_\_  
 City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Jessica</b>	<b>Diane</b>	<b>Patrick</b>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of <b>Minnesota</b>			
Case number			
(if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

## 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

## Employment status

- ☐ Employed
- ☒ Not employed

## Occupation

## Employer's name

## Employer's address

Number Street

City State ZIP Code

## How long employed there?

## Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

Number Street

City State ZIP Code

## Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$0.00	
3. Estimate and list monthly overtime pay.	+	+
4. Calculate gross income. Add line 2 + line 3.	\$0.00	

Debtor 1

Jessica

Diane

Patrick

Case number (if known)

First Name

Middle Name

Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$0.00	
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$0.00	
5b. Mandatory contributions for retirement plans	5b. \$0.00	
5c. Voluntary contributions for retirement plans	5c. \$0.00	
5d. Required repayments of retirement fund loans	5d. \$0.00	
5e. Insurance	5e. \$0.00	
5f. Domestic support obligations	5f. \$0.00	
5g. Union dues	5g. \$0.00	
5h. Other deductions. Specify: _____	5h. + \$0.00	+
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$0.00	
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	
8b. Interest and dividends	8b. \$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$800.00	
8d. Unemployment compensation	8d. \$0.00	
8e. Social Security	8e. \$640.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	
8g. Pension or retirement income	8g. \$0.00	
8h. Other monthly income. Specify: _____	8h. + \$0.00	+
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$1,440.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$1,440.00	+ = \$1,440.00
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
	11. +	\$0.00

Debtor 1

**Jessica**

**Diane**

**Patrick**

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.  
Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies

12.

**\$1,440.00**

**Combined  
monthly income**

13. **Do you expect an increase or decrease within the year after you file this form?**

☒ No.

☐ Yes. Explain:

Fill in this information to identify your case:

Debtor 1	<u>Jessica</u>	<u>Diane</u>	<u>Patrick</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	_____		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

## Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Child</u>	<u>18</u>	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
<u>Child</u>	<u>10</u>	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
<u>Child</u>	<u>3</u>	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$200.00

If not included in line 4:

4a. Real estate taxes	4a. <u>\$0.00</u>
4b. Property, homeowner's, or renter's insurance	4b. <u>\$0.00</u>
4c. Home maintenance, repair, and upkeep expenses	4c. <u>\$0.00</u>
4d. Homeowner's association or condominium dues	4d. <u>\$0.00</u>



Debtor 1

**Jessica**

**Diane**

**Patrick**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

		Your expenses
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	5. <u>\$0.00</u>
6.	<b>Utilities:</b>	
6a.	Electricity, heat, natural gas	6a. <u>\$80.00</u>
6b.	Water, sewer, garbage collection	6b. <u>\$70.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$75.00</u>
6d.	Other. Specify: <u>Phone</u>	6d. <u>\$64.00</u>
7.	<b>Food and housekeeping supplies</b>	7. <u>\$300.00</u>
8.	<b>Childcare and children's education costs</b>	8. <u>\$100.00</u>
9.	<b>Clothing, laundry, and dry cleaning</b>	9. <u>\$85.00</u>
10.	<b>Personal care products and services</b>	10. <u>\$85.00</u>
11.	<b>Medical and dental expenses</b>	11. <u>\$90.00</u>
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$120.00</u>
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. <u>\$60.00</u>
14.	<b>Charitable contributions and religious donations</b>	14. <u>\$0.00</u>
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. <u>\$0.00</u>
15b.	Health insurance	15b. <u>\$0.00</u>
15c.	Vehicle insurance	15c. <u>\$71.00</u>
15d.	Other insurance. Specify: _____	15d. <u>\$0.00</u>
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u>\$0.00</u>
17.	<b>Installment or lease payments:</b>	
17a.	Car payments for Vehicle 1	17a. <u>\$0.00</u>
17b.	Car payments for Vehicle 2	17b. <u>\$0.00</u>
17c.	Other. Specify: _____	17c. <u>\$0.00</u>
17d.	Other. Specify: _____	17d. <u>\$0.00</u>
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).</b>	18. <u>\$0.00</u>
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. <u>\$0.00</u>
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i>.</b>	
20a.	Mortgages on other property	20a. <u>\$0.00</u>
20b.	Real estate taxes	20b. <u>\$0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e.	Homeowner's association or condominium dues	20e. <u>\$0.00</u>

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

21. Other. Specify: Petcare

21. + \$40.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$1,440.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$1,440.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \$1,440.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$1,440.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$0.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Fill in this information to identify your case:

Debtor 1	<u>Jessica</u>	<u>Diane</u>	<u>Patrick</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

### Part 1: Summarize Your Assets

#### Your assets

Value of what you own

#### 1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	<u>\$0.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	<u>\$14,650.00</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	<u>\$14,650.00</u>

### Part 2: Summarize Your Liabilities

#### Your liabilities

Amount you owe

#### 2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	<u>\$0.00</u>
---	---------------

#### 3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	<u>\$2,500.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	<u>+</u> <u>\$173,400.00</u>

Your total liabilities

\$175,900.00

### Part 3: Summarize Your Income and Expenses

#### 4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	<u>\$1,440.00</u>
---	-------------------

#### 5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	<u>\$1,440.00</u>
---	-------------------

Debtor 1	<b>Jessica</b>	<b>Diane</b>	<b>Patrick</b>	Case number (if known) _____
	First Name	Middle Name	Last Name	

**Part 4:** Answer These Questions for Administrative and Statistical Records

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

**\$800.00**

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	<u><b>\$0.00</b></u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u><b>\$2,500.00</b></u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u><b>\$0.00</b></u>
9d. Student loans. (Copy line 6f.)	<u><b>\$0.00</b></u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u><b>\$0.00</b></u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<b>+</b> <u><b>\$0.00</b></u>
9g. <b>Total.</b> Add lines 9a through 9f.	<div style="border: 1px solid black; padding: 5px; display: inline-block;"><u><b>\$2,500.00</b></u></div>

Fill in this information to identify your case:

Debtor 1	<u>Jessica</u>	<u>Diane</u>	<u>Patrick</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?



No



Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

s/ Jessica Diane Patrick

Jessica Diane Patrick, Debtor 1

Date 04/02/2025

MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Jessica</u>	<u>Diane</u>	<u>Patrick</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

## Official Form 107

# Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Give Details About Your Marital Status and Where You Lived Before

#### 1. What is your current marital status?

- ☒ Married
- ☐ Not married

#### 2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
- ☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<u>1916 4th Ave N</u> Number Street	From <u>02/02/2016</u> To <u>08/16/2023</u>	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
<u>Hawley, MN 56549</u> City State ZIP Code		Number Street	From _____ To _____
		City State ZIP Code	
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number Street	From _____ To _____	Number Street	From _____ To _____
City State ZIP Code		City State ZIP Code	

#### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2:** Explain the Sources of Your Income

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☒ No

☐ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For last calendar year:</b> (January 1 to December 31, <u>2024</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2023</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<b>Government assistance</b> <b>Social Security</b>	<u>\$2,400.00</u> <u>\$1,920.00</u>		
<b>For last calendar year:</b> (January 1 to December 31, <u>2024</u> ) YYYY	<b>Government assistance</b> <b>Social Security</b>	<u>\$9,600.00</u> <u>\$7,680.00</u>		
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2023</u> ) YYYY				

Debtor 1 Jessica Diane Patrick  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3:** List Certain Payments You Made Before You Filed for Bankruptcy

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$8,575\* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$8,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name				<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
City State ZIP Code				<input type="checkbox"/> Other _____

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				



Debtor 1 Jessica Diane Patrick Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____	_____	_____	_____	
Number _____ Street _____	_____			
_____	_____			
City _____ State _____ ZIP Code _____				

**Part 4:** Identify Legal Actions, Repossessions, and Foreclosures

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**  
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
- ☐ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title _____		_____	<input type="checkbox"/> Pending
_____		Court Name _____	<input type="checkbox"/> On appeal
Case number _____		Number _____ Street _____	<input type="checkbox"/> Concluded
		City _____ State _____ ZIP Code _____	

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
 Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
- ☐ Yes. Fill in the information below.

☒ No

☐ Yes. Fill in the details.

☒ No

☐ Yes

☒ No

☐ Yes. Fill in the details for each gift.

Debtor 1 **Jessica** **Diane** **Patrick** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift  _____  _____  Number Street  _____  City State ZIP Code  Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
- ☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name  _____  _____  Number Street  _____  City State ZIP Code			

**Part 6:** List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
- ☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost

Debtor 1 **Jessica Diane Patrick**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 7:** List Certain Payments or Transfers

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☒ No

☐ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State ZIP Code			

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☒ No

☐ Yes. Fill in the details.

Debtor 1 **Jessica** **Diane** **Patrick** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

Description and value of property transferred		Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			
Number Street			
City State ZIP Code			
Person's relationship to you _____			

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?**  
 (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____	
_____	

**Part 8:** List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No  
☒ Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
<b>Bell Bank</b>			
Name of Financial Institution			
XXXX- _____	<input checked="" type="checkbox"/> Checking	<u>01/02/2025</u>	
<b>3100 13th Avenue South</b>	<input type="checkbox"/> Savings		
Number Street	<input type="checkbox"/> Money market		
_____	<input type="checkbox"/> Brokerage		
<b>Fargo, ND 58103</b>	<input type="checkbox"/> Other _____		
City State ZIP Code			

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

- ☒ No  
☐ Yes. Fill in the details.

Debtor 1

**Jessica**

**Diane**

**Patrick**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

Who else had access to it?		Describe the contents	Do you still have it?
<p>_____</p> <p><b>Name of Financial Institution</b></p> <p>_____</p> <p><b>Name</b></p> <p>_____</p> <p><b>Number Street</b></p> <p>_____</p> <p><b>City State ZIP Code</b></p>		<div></div>	<input type="checkbox"/> No <input type="checkbox"/> Yes

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

- ☒ No
- ☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
<p>_____</p> <p><b>Name of Storage Facility</b></p> <p>_____</p> <p><b>Name</b></p> <p>_____</p> <p><b>Number Street</b></p> <p>_____</p> <p><b>City State ZIP Code</b></p>		<div></div>	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

- ☒ No
- ☐ Yes. Fill in the details.

Where is the property?	Describe the property	Value
<p>_____</p> <p><b>Owner's Name</b></p> <p>_____</p> <p><b>Number Street</b></p> <p>_____</p> <p><b>City State ZIP Code</b></p>	<div></div>	<p>_____</p>

Debtor 1 Jessica Diane Patrick  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 10:** Give Details About Environmental Information

**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

**Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

☒ No

☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	Governmental unit _____ _____ _____ _____ _____	_____ _____ _____ _____ _____

**25. Have you notified any governmental unit of any release of hazardous material?**

☒ No

☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	Governmental unit _____ _____ _____ _____ _____	_____ _____ _____ _____ _____

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

☒ No

☐ Yes. Fill in the details.

Debtor 1	<b>Jessica</b>	<b>Diane</b>	<b>Patrick</b>	Case number (if known) _____
	First Name	Middle Name	Last Name	

  

<b>Court or agency</b>	<b>Nature of the case</b>	<b>Status of the case</b>
<b>Case title</b> _____ _____ _____ <b>Case number</b> _____	<b>Court Name</b> _____ <b>Number</b> _____ <b>Street</b> _____ <b>City</b> _____ <b>State</b> _____ <b>ZIP Code</b> _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**Part 11:** Give Details About Your Business or Connections to Any Business

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

<b>Name</b> _____ _____ <b>Number</b> _____ <b>Street</b> _____ _____ <b>City</b> _____ <b>State</b> _____ <b>ZIP Code</b> _____	<b>Describe the nature of the business</b>	<b>Employer Identification number</b> Do not include Social Security number or ITIN.
		EIN: _____
	<b>Name of accountant or bookkeeper</b>	<b>Dates business existed</b>
		From _____ To _____

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

☒ No

☐ Yes. Fill in the details below.

	<b>Date issued</b>
<b>Name</b> _____	_____
	MM / DD / YYYY
<b>Number</b> _____ <b>Street</b> _____	
_____	
<b>City</b> _____ <b>State</b> _____ <b>ZIP Code</b> _____	



Debtor 1

**Jessica**

**Diane**

**Patrick**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 12:** Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** s/ Jessica Diane Patrick  
Signature of Jessica Diane Patrick, Debtor 1

Date 04/02/2025

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>Jessica</u>	<u>Diane</u>	<u>Patrick</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

## Official Form 108

# Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt? Did you claim the property as exempt on Schedule C?

Debtor 1      **Jessica**      **Diane**      **Patrick**  
 First Name      Middle Name      Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
--	----------------------------

Lessor's name:      Rock Rude	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
-------------------------------	--

Description of leased property:      Residential Lease	
--	--

Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
----------------	---

Description of leased property:	
---------------------------------	--

Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
----------------	---

Description of leased property:	
---------------------------------	--

Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
----------------	---

Description of leased property:	
---------------------------------	--

Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
----------------	---

Description of leased property:	
---------------------------------	--

Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
----------------	---

Description of leased property:	
---------------------------------	--

Lessor's name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
----------------	---

Description of leased property:	
---------------------------------	--

**Part 3:** Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

**X** s/ Jessica Diane Patrick  
 Signature of Debtor 1

Date 04/02/2025  
 MM/ DD/ YYYY

LOCAL FORM 1007-1  
REVISED 06/16

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA**

In re: Patrick, Jessica Diane

Case No.

Debtor(s).

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:

\$1,647.00

Prior to the filing of this statement I have received:

\$0.00

Balance Due

\$1,647.00

2. The source of the compensation paid to me was:

☒ Debtor

☐ Other (specify) \_\_\_\_\_

3. The source of the compensation to be paid to me is:

☐ Debtor

☒ Other (specify) Rock Rude 24792 28th Ave N Hawley, MN 56549

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

- A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- B. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- D. Representation of the debtor in contested bankruptcy matters; and
- E. Other services reasonably necessary to represent the debtor(s).

LOCAL FORM 1007-1  
REVISED 06/16

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

CERTIFICATION

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Date: 04/02/2025

s/ Andrew Walker  
Signature of Attorney

Fill in this information to identify your case:

Debtor 1	<u>Jessica</u>	<u>Diane</u>	<u>Patrick</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	_____		

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

## Official Form 122A-1

## Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

## Part 1: Calculate Your Current Monthly Income

## 1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☒ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Column A and B, lines 2-11.
- ☒ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse												
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u>\$0.00</u>	_____												
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	<u>\$800.00</u>	_____												
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<u>\$0.00</u>	_____												
5. Net income from operating a business, profession, or farm	<table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td>_____</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- _____</td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td><u>\$0.00</u></td> <td>_____</td> </tr> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	<u>\$0.00</u>	_____	Ordinary and necessary operating expenses	- <u>\$0.00</u>	- _____	Net monthly income from a business, profession, or farm	<u>\$0.00</u>	_____	Copy here → <u>\$0.00</u>
	Debtor 1	Debtor 2												
Gross receipts (before all deductions)	<u>\$0.00</u>	_____												
Ordinary and necessary operating expenses	- <u>\$0.00</u>	- _____												
Net monthly income from a business, profession, or farm	<u>\$0.00</u>	_____												
6. Net income from rental and other real property	<table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td>_____</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- _____</td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td>_____</td> </tr> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	<u>\$0.00</u>	_____	Ordinary and necessary operating expenses	- <u>\$0.00</u>	- _____	Net monthly income from rental or other real property	<u>\$0.00</u>	_____	Copy here → <u>\$0.00</u>
	Debtor 1	Debtor 2												
Gross receipts (before all deductions)	<u>\$0.00</u>	_____												
Ordinary and necessary operating expenses	- <u>\$0.00</u>	- _____												
Net monthly income from rental or other real property	<u>\$0.00</u>	_____												
7. Interest, dividends, and royalties	<u>\$0.00</u>	_____												

Column A  
Debtor 1Column B  
Debtor 2 or  
non-filing spouse**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under

the Social Security Act. Instead, list it here:  $\downarrow$ For you..... **\$640.00**

For your spouse.....

**\$0.00**

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

**\$0.00**

**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

+ **\$800.00**+ **\$800.00**+ **\$800.00** = **\$800.00**Total current  
monthly income**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11.....

Copy line 11 here  $\rightarrow$ **\$800.00**

Multiply by 12 (the number of months in a year).

**X 12**

12b. The result is your annual income for this part of the form.

12b.

**\$9,600.00****13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Minnesota

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household..... 13.

**\$144,953.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*  
Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*  
Go to Part 3 and fill out Form 122A-2.

Debtor 1

Jessica

Diane

Patrick

Case number (if known)

First Name

Middle Name

Last Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X

s/ Jessica Diane Patrick

Signature of Debtor 1

Date 04/02/2025

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.



IN THE UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA  
FERGUS FALLS DIVISION

IN RE: **Patrick, Jessica Diane**

CASE NO

CHAPTER 7

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date **04/02/2025**

Signature **s/ Jessica Diane Patrick**  
Jessica Diane Patrick, Debtor

AAA COLLECTIONS MIDWEST,  
INC  
PO BOX 881, 3500 SOUTH FIRST AVE  
SUITE 100  
SIOUX FALLS, SD 57101-0881

AALAND LAW FIRM, LTD  
415 11TH ST S  
FARGO, ND 58103-1739

ADS/COMENITY/OVERSTOCK  
PO BOX 183003  
COLUMBUS, OH 43218-3003

AFFIRM  
633 FOLSOM ST FL 7  
SAN FRANCISCO, CA 94107-3618

AFTERPAY  
219 N 2ND ST SUITE 106  
MINNEAPOLIS, MN 55401

ALLY BANK  
PO BOX 9001951  
LOUISVILLE, KY 40290-1951

AMAZON  
1260 MERCER ST  
SEATTLE, WA 98109

AMAZON/SYNCHRONY BANK  
ATTN BANKRUPTCY DEPT  
PO BOX 71724  
PHILADELPHIA, PA 19176-1724

AMERICAN EXPRESS  
GENERAL INQUIRIES  
PO BOX 981535  
EL PASO, TX 79998-1535

APPLE CARD - GS BANK USA  
LOCKBOX 6112  
PO BOX 7247  
PHILADELPHIA, PA 19170-0001

BELL BANK  
PO BOX 11277  
FARGO, ND 58106

BEST BUY/CITIBANK  
PO BOX 790441  
SAINT LOUIS, MO 63179-0441

BUYBUY BABY  
9160 HUDSON RD  
WOODBURY, MN 55125-7001

CASHAPP  
ATTN: BANKRUPTCY  
1955 BROADWAY APT 600  
OAKLAND, CA 94612

CENTRAL PORTFOLIO  
CONTROL  
10249 YELLOW CIRCLE DR STE 200  
MINNETONKA, MN 55343-9111

CLIENT SERVICES INC  
3451 HARRY S TRUMAN BLVD  
SAINT CHARLES, MO 63301-4047

COLLECTION SPECIALISTS  
INTERNATIONAL, INC  
26 ROBERTS ST N  
FARGO, ND 58102-5200

COMENITY BANK  
BANKRUPTCY CORRESPONDENCE  
PO BOX 182125  
COLUMBUS, OH 43218-2125

COMENITY/SEPHORA  
PO BOX 182120  
COLUMBUS, OH 43218

COMENITY/VICTORIA SECRET  
PO BOX 182789  
COLUMBUS, OH 43218-2273

DISCOVER BANK  
PO BOX BO 15316  
WILMINGTON, DE 19850

EDFINANCIAL SERVICES  
120 N SEVEN OAKS DR  
KNOXVILLE, TN 37922-2359

FB&T MERCURY FINANCIAL  
PO BOX 84064  
COLUMBUS, GA

FIRST SOURCE ADVANTAGE  
LLC  
ATTN: BANKRUPTCY  
205 BRYANT WOODS SOUTH  
AMHERST, NY 14228

F-M AMBULANCE SERVICE  
2215 18TH ST S  
FARGO, ND 58103-5105

GS BANK USA  
PO BOX 7247  
PHILADELPHIA, PA 19170

HALSTED FINANCIAL  
SERVICES  
8001 LINCOLN AVE SUITE 500  
SKOKIE, IL 60077

IC SYSTEM  
PO BOX 64378  
SAINT PAUL, MN 55164-0378

JANUARY  
176 GRAND ST # 4 FL NEW  
NEW YORK, NY 10013-3786

JEFFCAPSYS  
ATTN: BANKRUPTCY DEPARTMENT  
420 MONTGOMERY ST  
SAN FRANCISCO, CA 94104-1207

KLARNA  
629 N HIGH ST FL 300  
COLUMBUS, OH 43215-2929

KOHL'S/CAPITAL ONE  
ATTN: PAYMENT CENTER  
PO BOX 1456  
CHARLOTTE, NC 28201

LVNV FUNDING  
PO BOX 10497  
GREENVILLE, SC 29603

MERCURY  
CARD SERVICES  
PO BOX 84064  
COLUMBUS, GA 31908-4064

MESSERLI & KRAMER  
3033 CAMPUS DRIVE SUITE 250  
PLYMOUTH, MN 55441

MIDLAND CREDIT  
MANAGEMENT  
350 CAMINO DE LA REINA SUITE 100  
SAN DIEGO, CA 92108

MINNESOTA DEPARTMENT OF  
REVENUE  
551 BKCY SECTION  
PO BOX 64447  
SAINT PAUL, MN 55164-0447

MOORHEAD CITY PUBLIC  
SERVICES DEPARTMENT  
500 CENTER AVE  
MOORHEAD, MN 56560

MRS BPO LLC  
1930 OLNEY AVE  
CHERRY HILL, NJ 08003-2016

NATIONAL RECOVERY  
AGENCY  
2491 PAXTON ST  
HARRISBURG, PA 17111-1036

OMEGA RMS LLC  
PO BOX 12027 302  
PARKVILLE, MO 64152-0027

PAYPAL  
PO BOX 960080  
ORLANDO, FL 32896

PORTFOLIO RECOVERY  
120 CORPORATE BLVD STE 100  
NORFOLK, VA 23502-4952

POSHMARK  
203 REDWOOD SHORES PKWY  
REDWOOD CITY, CA 94065-1198

QUALIA COLLECTION  
SERVICES (QCS)  
1444 N MCDOWELL BLVD  
PETALUMA, CA 94954-6515

RADIUS GLOBAL SOLUTIONS  
LLC  
7831 GLENROY RD STE 200  
MINNEAPOLIS, MN 55439

RESURGENT CAPITAL  
SERVICES  
355 S MAIN STREET  
GREENVILLE, SC 29603-0497

ROCK RUDE  
24792 28TH AVE N  
HAWLEY, MN 56549-9051

SAMS CLUB/SYNCHRONY  
BANK  
ATTN: BANKRUPTCY DEPT  
PO BOX 965060  
ORLANDO, FL 32896-5060

SANFORD HEALTH  
PO BOX 5074  
SIOUX FALLS, SD 57117-5074

SANFORD HOSPITAL  
1305 W. 18TH ST.  
SIOUX FALLS, SD 57105

SECURITY CREDIT SERVICES  
2623 WEST OXFORD LOOP STE 108  
OXFORD, MS 38655-5442

SEQUIM  
1130 NORTHCHASE PKWY SE STE 150  
MARIETTA, GA 30067-6429

SHWEIGERT, KLEMIN &  
MCBRIDE  
116 N 2ND ST  
BISMARCK, ND 58501-3817

STATE COLLECTION SERVICE  
2509 S STOUGHTON RD  
MADISON, WI 53716

SYNCB/ZULILY  
PO BOX BOX 965017  
ORLANDO, FL 32896-0001



SYNCHRONY BANK  
PO BOX 965061  
ORLANDO, FL 32896-5061

SYNERGETIC  
COMMUNICATION, INC  
5450 NW CENTRAL #220  
HOUSTON, TX 77092-2016

TARGET/TD BANK, USA, N.A.  
ATTN: TARGET CARD SERVICES  
PO BOX 1331  
MINNEAPOLIS, MN 55440-1331

TDRC/SAMS  
PO BOX 100270  
COLUMBIA, SC 29202

TOYOTA FINANCIAL  
SERVICES  
ATTN: BANKRUPTCY DEPT  
PO BOX 8026  
CEDAR RAPIDS, IA 52408-8026

UNIFIN  
PO BOX 4519 # 2000  
SKOKIE, IL 60076-4519

UNITED ACCOUNTS INC  
COLLECTIONS  
PO BOX 9331  
FARGO, ND 58106-9331

UNITED STATES TRUSTEE  
300 S 4TH ST STE 1015  
MINNEAPOLIS, MN 55415-2247

WALKER & WALKER LAW  
OFFICES PLLC  
4356 NICOLLET AVE S  
MINNEAPOLIS, MN 55409

WELLS FARGO  
ATTN: BANKRUPTCY DEPARTMENT  
420 MONTGOMERY ST  
SAN FRANCISCO, CA 94104-1207

XCEL ENERGY  
ATTN: CORRESPONDENCE TEAM  
PO BOX 8  
EAU CLAIRE, WI 54702